

THE
HYSTERIA OF LADY MACBETH

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THE HYSTERIA OF LADY MACBETH

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BY

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TO MY WIFE

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THE HYSTERIA OF LADY MACBETH

CHAPTER I

REPRESSION AND THE SUBCONSCIOUS

This short contribution may be called a study in applied abnormal psychology and its object is to lay bare the fundamental mental mechanisms in one of the most prominent and interesting of artistic literary creations. It notably differs from the usual conceptions of Lady Macbeth, since it does not interpret her behavior or motives either as criminal or as obsessed by ambition. If the tragedy be read anew in the light of modern psychopathology, the interpretation herein given will be found the only adequate one, namely,

that Lady Macbeth is an accurate example of hysteria.

In speaking of Shakespeare as a dramatic artist, Taine, one of the most philosophical and penetrating of literary critics, says: "Lofty words, eulogies, are all used in vain; he needs no praise, but comprehension merely; and he can only be comprehended by the aid of science. As the complicated revolutions of the heavenly bodies become intelligible only by the use of a superior calculus, as the delicate transformations of vegetation and life need for their explanation the intervention of the most difficult chemical formulas, so the great works of art can be interpreted only by the most advanced psychological systems." Now it so happens that modern psychopathology is precisely one of those advanced psychological systems which is to-day interpreting literature anew. It is the ana-

lytic work of this individual psychology, that is not only transforming the subject of psychoneuroses in medicine, but is likewise illuminating literature and art. While its methods are highly technical, yet its results have been far reaching in penetrating the hidden recesses of abnormal mental states and the motives for the varied activities of the creative imagination.

It is only within the last few years that psychoanalysis has forged to the front as an important branch of medical and psychological science, and it is to Professor Sigmund Freud of Vienna that we are indebted for the greatest advances in these directions. The psychology of Freud and his school has not only revolutionized certain aspects of medical science, such as the study of hysteria and other psychoneuroses, but has penetrated into different fields of human knowledge

and analyzed and interpreted them. The psychology of childhood, the interpretations of artistic creations in literature and painting, the analysis of myths and folk lore, and of wit and humor, have all been transfused with a new meaning through these unique psychological theories. The results have been valuable and stimulating and have unraveled the mental mechanisms through which poet and painter work and by which mythology and folk lore have evolved their symbolism. It has been shown, for instance, that in certain psychoneuroses, and in the creation of wit, dreams, poetry, painting, two mental mechanisms are uniformly at work,—namely, either an imaginary wish fulfillment or a tendency in that direction and a repression of painful experiences and memories into the unconscious.

Freud's activities and the fundamental principles of his psychology have spread

in several directions and a brief account of his theories is necessary for a comprehension of the mental disease of Lady Macbeth. In the first place, it has been demonstrated that there is a rigid determinism in the mental world and that psychophysical processes are the absolute result of a certain chain of causation, either conscious or unconscious. That is to say, mental processes are not arbitrary, accidental or due to chance, but are closely related to one another. This is as true of dreams or of slips of the tongue in everyday life as in the more complex manifestations of hysteria. A certain mental state or idea does not arise in a haphazard fashion out of the conscious or the unconscious, but is predetermined by certain experiences or groups of ideas. In the same way that physical events possess an unchangeable sequence of cause and effect, so psychical events conform

to an identical mechanism. There is no more room for chance in the mental world than in the physical world. It is this theory of determinism, so rigorous and inflexible, which has been responsible for the development of the technical methods in the exploration of the conscious and unconscious mental life, known as psycho-analysis.

Mental states are never at rest, but are active and dynamic, and unceasingly grouping and ungrouping themselves, excepting perhaps in the deepest sleep and in anæsthesia. This grouping of mental states and ideas has also its analogue in the biological world, for an identical mechanism takes place in all the activities of the individual cell or collection of cells. Every mental process or experience and every external stimulus leaves its traces or marks upon the nervous system. Of the exact nature of this

trace nothing is known. The fact that such traces do occur, however, explains all the phenomena of memory, particularly the storing up or conservation of experiences and their later voluntary or involuntary revival or reproduction. We are, however, not completely aware of all these active mental processes. Some of these only appear in dreams, others can be revived only through various artificial devices, such as hypnosis. For those mental states which exist in an active but latent form in consciousness, but of which we are not aware, the term subconscious or unconscious is applied.

It is these subconscious mental processes, together with certain other mental mechanisms, which are of particular value in the interpretation of the mental state of the subject of this study. These additional mechanisms are repression, men-

tal or intrapsychical conflicts and mental dissociation.

When a painful experience occurs, the natural tendency of the personality is to strive to banish it and thus put it out of action. The experience although banished is not really dead or rendered completely quiescent, but remains active although latent, and may suddenly appear in consciousness or in the actions of the subject under certain conditions, such as in absentmindedness, sleep or dreams. When it again becomes manifest under these circumstances, it reappears either as a literal rehearsal of the original experience or in a disguised or symbolized form. The technical method which enables one to trace the transformed and symbolized experiences back to their original content is known as psychoanalysis. In any event, the subconscious or unconscious experience, does not lose its activity or vivid-

ness, but retains all the intensity of the original experience. This mental mechanism of voluntary banishment is known as repression. Its effect is to prevent any experience or group of experiences, technically known as a "complex," from entering consciousness. It is this repression which is responsible for many psychoneurotic disturbances, particularly hysteria. Thus hysteria is essentially an inadequate biological reaction, rather than a mere functional disorder.

A "complex" therefore, may be defined as a system of ideas possessing a certain emotional tone or value. In the psychological sphere, complexes have an action resembling that of energy in the physical sphere. A complex may remain latent or inactive for a long time, and may only become active when stimulated in a certain manner. This stimulation of the complex occurs when one or more of its

ideas or elements is aroused to activity, either by some external event or through some association arising in consciousness itself. If the complex is unconscious or subconscious as the result of disease or of training or education in certain directions, the individual may be absolutely unaware of the fact that his thoughts and actions are caused and predetermined by these unconscious complexes. We all are the victims of our complexes—and our religious or political or moral views of life, which we think are the result of free will and an incontrovertible logic, are in a large part determined by the educational complexes stored up during the earlier years of our lives. If two or more antagonistic complexes are present in the mind and act simultaneously, they produce what is known as a mental conflict. An emotional tension thereby takes place and may produce those various types of

mental distress or anxiety which are so familiar in everyday life or in some cases, may even lead to the development of hysteria or an anxiety neurosis. Under certain conditions also, when a complex leads to a mental conflict and is avoided by repression because of its unpleasant emotional tone, this avoidance or repression may produce hysteria and the repressed complex may find its outlet in various ways, such as hysterical paralysis or aphonia or some other clinical manifestation of the disorder. When the resistance or inhibition to the complex is weakened, such as in sleep, the complexes may reappear and manifest themselves in various ways, for example in dreams or somnambulism.

Sometimes the complex may show itself in a literal manner, but in most diseases, particularly in hysteria and also in dreams, it becomes distorted and symbol-

ized and the genuine, underlying complex can only be determined through a psychoanalysis. Thus a complex appearing in dreams or in pathological symptoms, may be symbolized, condensed or displaced, or it may reveal itself in a form diametrically opposite from the genuine complex, for instance, Lady Macbeth's apparent bravery which in reality is an unconscious cowardice.

Fixed ideas or complexes occurring during the waking state may bring on attacks of sleep and when they occur during sleep, they may produce somnambulism. In whatever form the complex becomes manifest during somnambulism, its revival becomes exceedingly vivid. We speak of this increased intensity of images in somnambulism as hypermnesia. This increased strength of images is only apparent, however, as the subject has no memory for the somnambulist attack

on resuming the normal state. An amnesia has taken place, due to a dissociation or splitting off of the complex. The memories involved in the period covered by the amnesia may however be revived through certain appropriate psychological methods.

After the repression of an experience, it may remain active and cannot merge into consciousness without meeting resistance, at least in the waking life. This resistance, therefore, is a mental mechanism diametrically opposed to the suppressed complex and to this resistance has been given the name of "censor."

This censor is continually active, particularly when exerting its force against a painful complex. Under certain conditions however, the censor either partially or completely loses its force and becomes relaxed. This relaxation or inhibition of the censor is particularly liable

to take place in dreams or in sleep. Dreams are the result of antecedent experiences or complexes and may appear either in a literal or in a distorted or symbolized form. Thus dreams furnish a very valuable and convenient means of exploring the repressed experiences of mental life and through their analysis it is possible to uncover the unconscious complexes which the subject is either unwilling to reveal or is actually prevented from doing so through the activity of the censor. The same mechanism takes place in sleep-walking or somnambulism, for here again, as will be later demonstrated, somnambulism is not synonymous with unconsciousness, but arises out of sleep; it may terminate in sleep again and is essentially the reaction of the mind to a suppressed painful experience or group of experiences. Sometimes the resistance offered by the censor or complex is

so great that it produces a dissociation or splitting of consciousness, as will be clearly demonstrated in the cases to be later cited in detail, in the course of this essay. The same mechanism of relaxation of the censor has also been found in certain cases of multiple personality, —for instance in Dr. Morton Prince's case, the appearance of the irrepressible "Sally" during the sleep of Miss Beauchamp.

Thus in repression, two opposing mental mechanisms are at work—viz.: the process which causes the repression of the complex and the antagonistic action of the censor in attempting to prevent this repressed complex from entering consciousness. Consequently a mental or intrapsychical conflict arises and this conflict leads to partial or complete dissociation of consciousness, dependent upon whether or not the mental conflict is mild

or intense in its nature. Sometimes again during the waking condition, the censor is only partially successful in preventing the complexes from entering consciousness, and the mind of the subject becomes tortured by one or a group of abnormal ideas, termed fixed ideas or obsessions.

CHAPTER II

SOMNAMBULISM AND HYSTERIA

While Freud has penetrated deepest into the mechanism of psychological repressions, it is to the new psychology of the French school that we are indebted for the clearest analyses of the various types of the mental dissociation of somnambulism or sleep-walking. It has been repeatedly demonstrated that the resistance offered by the memory of a harrowing emotional experience may sometimes be so great that it produces a dissociation or

splitting of consciousness. It is in the psychological analyses of these mental dissociations that the new psychology has been pre-eminent, particularly concerning the part played by the emotions in the production of these abnormal mental states.

For instance, it can be shown that somnambulism is one of the most marked forms of this splitting of consciousness, and that it is most liable to occur in the disease hysteria, which is in itself a form of mental dissociation. Somnambulism may assume various types, either the ordinary form of sleep-walking or it may develop to such a high degree that the subjects may wander about in strange places for hours or days and lose the memory of their real personality. Then some chance occurrence takes place and they suddenly resume their normal personality, apparently without any memory

for the lost period. Technically this gap in the memory is known as amnesia. The amnesia is not genuine, however, for the memories are not actually lost, but they are merely subconscious or dissociated and may, as I have repeatedly demonstrated, be completely and permanently restored through appropriate psychological methods.

It is with the first or shorter type of somnambulism with which we are particularly concerned. As a rule it is caused by one or more emotional experiences, and is termed *monoideic somnambulism*.

Monoideic somnambulism may therefore be defined as a psychical state consisting of a detachment of a small group of ideas from the greater stream of consciousness, this system of ideas becoming for the time being dominant. With the return to normal consciousness this dissociated system is forgotten and an am-

nesia results. These subconscious fixed ideas may cause various pathological mental states, such as symbolic dreams, hallucinatory phenomena, peculiar attacks and crises, the various types of somnambulism, automatic writing, crystal visions, etc. In the somnambulistic crises, there is a rehearsal of all the emotional experiences which originally caused the mental dissociation. This rehearsal is a literal one, all words, gestures, sounds, scenes, being faithfully reproduced and acted out in a most dramatic manner. Nothing in psychopathology is so startling and sensational as a somnambulistic crisis. The condition usually arises in sleep and may terminate in sleep or awakening. Each crisis exactly resembles the preceding one. In any case, the somnambulism itself is not genuine sleep but a form of mental dissociation which is produced during sleep. The most prominent phe-

nomenon of this somnambulistic state is the amnesia or loss of memory for the attack, after the subject has awakened from it. A given somnambulistic state in the same subject always develops in an identical manner, and although the rehearsal of the emotional experience which produced the somnambulism is a literal one, yet often it is markedly exaggerated. Hallucinations of the various senses often take place and the subject speaks to imaginary persons, hears imaginary voices, does imaginary acts, as if the voices, persons, actions, were real and actually present. Even hallucinations of the sense of smell, as in Lady Macbeth's sleep-walking scene ("Here's the smell of blood still") may arise. When the somnambulism is ended and the subject returns to normal consciousness, the former mental attitude and relation to surroundings is assumed, as if nothing

had occurred. The name and age of the subject are then clearly remembered, he resumes his normal characteristics and personality and the memory is to all intents and purposes absolutely unimpaired. But if careful inquiry be made, a gap will be found in the memory and this gap is the period occupied by the somnambulistic attack. As Janet very clearly expresses it: "There are two chief psychological characteristics that come out in somnambulism. During the crisis itself, two opposite characteristics manifest themselves: first, a huge unfolding of all the phenomena connected with a certain delirium; second, an absence of every sensation and every memory that is connected with that delirium. After the crisis, during the state that appears as normal, two other characteristics appear, opposite to all appearance; the return to consciousness of sensations and normal

memory and the entire forgetfulness of all that is connected with the somnambulism. The ideas which trouble the mind present themselves in an exaggerated and often dramatic manner during states of abnormal consciousness. These types of crises have been called somnambulism."

Therefore the chief psychological characteristic of somnambulism may be thus briefly summarized.

1. In the somnambulistic state, the images are clearly represented and the subject seems to see and hear everything.

2. There is a marked regularity of development. In each somnambulistic state the subject repeats the same words and makes the same gestures as in the original emotional experience which was responsible for the cause of the somnambulistic state.

3. In spite of all the natural acts of the subject and the avoidance of obsta-

cles, yet the subject does not seem to perceive or at least to notice the objects or persons round about. He is apparently oblivious to surroundings. This phase is very clearly expressed in the conversation between the doctor and the gentleman, as they observe the sleep-walking of Lady Macbeth.

Doctor. You see, her eyes are open.

Gent. Aye, but their sense is shut (V. 1).

4. When the attack is over, there is a return to the normal personality, but the attack has left a gap in consciousness.

CHAPTER III

PSYCHOANALYSIS AND LITERATURE

The value of the analytic method lies in the fact that by it, one is able to discover suppressed material and thus establish a definite psychological connec-

tion between symptoms and repressed experiences, a real continuity in the psychic series. The entire psychical complex may thus be reconstructed through the data furnished by psychoanalysis, and all the apparently heterogeneous symptoms thus assume a certain law and order.

The first contribution in which the psychoanalytic method was directed to literature was Freud's analysis of W. Jensen's symbolic novel, "Gradiva." Here he applied his theory of dreams to a definite fantastic literary creation and pointed out that every psychoanalytic method was a search for repressed mental processes. It was later shown from the standpoint of comparative mythology, that the laws of the formation of myths and fairy tales were identical with the laws by which dreams were produced, for instance, in the story of *Œdipus* and

in the conflict between Uranus and the Titans. The myth is a representation of the infantile mental life of man. The dream is the myth of the individual and like the myth, it is symbolic.

More recently Freud has published a psychoanalytic study of the childhood memories of Leonardo da Vinci, with particular reference to the symbolism of Leonardo's famous portrait of Mona Lisa. The attempt is certainly a bold one and with the few meager facts of Leonardo's childhood at hand, Freud has succeeded in clothing his study with a reasonable degree of plausibility. Recent Freudian literature has busied itself in those directions. We can only briefly mention such a study as Graf's analysis of Wagner's "Flying Dutchman," in which, similar to the theme in Leonardo, it was shown that some of Wagner's greatest work sprang from his childhood

experiences and fancies. The main motive in all these studies is the tracing out of artistic creations to conflicts or repressions of various complexes, principally sexual, which have become transformed or sublimated into higher artistic creations, or even to the various symbolic expressions which are found in myths and folk lore.

One of the more interesting of recent attempts in this direction and in fact the first application of the psychoanalytic method to Shakespeare is the study of Hamlet by Ernest Jones. Whatever one may think of the multitude of theories as explanatory of Hamlet's mental state and his course of action, it must be said that here is the first clear and adequate scientific attempt to apply the principles of psychoanalysis to the ever-baffling Hamlet-problem. The mental condition

of Hamlet is here analyzed on the basis of Freud's well-known theories of mental repression which were summarized earlier in the course of this essay and concerns the development of the attitude of son to parent which plays so conspicuous a part in the Œdipus Legend, particularly in Sophocles' tragedy. The relation of the mental status of Hamlet to the Œdipus problem had been pointed out some years previously by Freud in his study of dreams (*Traumdeutung*) and it is here further elaborated by Jones. Modern criticism of Hamlet has shown that the great difficulty in the way of the consummation of his scheme and purpose of revenge lay in an internal resistance and mental conflicts and not in any external obstacles or circumstances. The explanation given through psychoanalysis demonstrates the real nature of the resistance,

namely, that the inhibition lay in the fact that the repressed love for his mother was more powerful than his hostilities.

CHAPTER IV

THE PROBLEM OF LADY MACBETH

When we approach the problem of the somnambulism of Lady Macbeth, it must be remembered that the sleep-walking scene does not stand isolated and alone in the tragedy, but that it is the definite and logical evolution of Lady Macbeth's previous emotional experiences and complexes. In other words, she is not a criminal type or an ambitious woman, but the victim of a pathological mental dissociation arising upon an unstable, day-dreaming basis, and is due to the emotional shocks of her past experiences. Lady Macbeth is a typical case of hysteria; her ambition is merely a subli-

mation of a repressed sexual impulse, the desire for a child based upon the memory of a child long since dead.

In fact, an analysis of the sleep-walking scene demonstrates that it is neither genuine sleep nor the prickings of a guilty conscience, but a clear case of pathological somnambulism, a genuine disintegration of the personality. As such, it offers as wonderful and as complex a problem as Hamlet—probably more so, for Lady Macbeth's disease is clearly defined and admits of easier clinical demonstration. An analysis of the repressed emotional complexes in Lady Macbeth must of necessity illuminate the motives of the entire tragedy, such as the mental disease of Macbeth, his hallucinations and the symbolism represented by the three weird sisters.

It is on the basis of this discussion that the new interpretation of Lady Macbeth

rests. Therefore the investigation of the psychopathology of Lady Macbeth must be directed along several definite lines, namely:

1. A determination of her mental processes due to unconscious psychic factors.

2. A study of her various complexes.

3. A study of her emotional conflicts.

4. The various repressions and the phenomena occasioned by them.

5. The mechanism of the somnambulist state.

Previous conceptions of the character of Lady Macbeth, have been marked by a looseness of analysis and complete misunderstanding of her mental condition. It seems strange that a more scientific interpretation should have been overlooked. Criminal, coward, obsessed by ambition, walking in her sleep because of remorse and above all interpreting the

sleep-walking scene as genuine sleep with a superadded guilty conscience, are some of the errors in this direction. A few writers (Rosen, Laehr, Regis, Grasset, Janet) have recognized the hysterical nature of her mental disease, but without any effort at systematic analysis, the condition being referred to merely as a case of pathological somnambulism.

Coleridge, however, with an unsurpassed insight into all the Shakespearean characters about which he has written, says concerning Lady Macbeth: "Like all in Shakespeare, she is a class individualized: of high rank, left much alone, and feeding herself with daydreams of ambition. She mistakes the courage of fantasy for the power of bearing the consequence of the reality of guilt. Hers is the mock fortitude of a mind deluded by ambition; she shames her husband with a superhuman audacity of

fancy which she cannot support, but sinks in the season of remorse and dies in suicidal agony.” Although written many years ago, the Macbeth literature shows nothing equal to this summary, when the description is read anew in the light of recent psychopathological research.

One of the most scientific commentaries on the mental condition in the sleep-walking scene, is by Pfeil, who states as follows: “As regards the symptoms of somnambulism, the affection is a convulsive condition in which the muscular power is greatly increased. The sufferer sees as it were with the outstretched finger tips—for the most part this is the rule,—while the open, sightless eyes stare continually into vacancy. The movements are erratic and much more energetic than in the waking state: never slow, gliding or languid, as though drunk with sleep. It would be most correct, and for the audi-

ence, most realistic, should Lady Macbeth rush hastily across the stage with an impetuous run—neither gliding nor tottering, as was done by one of our celebrated actresses. In her right hand she carries a candle rather than a candelabra. The candle should be carried straight, not crooked; since, as is well known, a somnambulist walks in security along the edge of the roof and would assuredly carry a light straight. The left arm should be stretched out with fingers outspread as though feeling the way.”

The four great tragedies of Shakespeare have sexual problems as their central motive. The father problem appears in *Lear* and *Hamlet*, the evolution of a jealousy complex in *Othello* and the theme of childlessness in *Macbeth*.

The character of Lady Macbeth has been compared to one of the most striking figures in Greek tragedy—namely, Cly-

temnestra, in the *Agamemnon* of Æschylus. This comparison, it appears to us, is based upon rather superficial resemblances. Clytemnestra is essentially and fundamentally criminal, deceitful, voluptuous, coldly calculating in her motives and shows none of the symptoms which make Lady Macbeth the irresponsible victim of a definite psychoneurosis. Lady Macbeth reacts only as her unconscious complexes make her react, Clytemnestra is the willing slave of her conscious will; one is a flawless and consistent type of hysterical dissociation, the other, the incarnation of criminal tendencies. Clytemnestra indeed attempted to justify her behavior on the basis of her husband's infidelity, but this was merely an excuse for her voluptuousness.

In fact, it seems doubtful if the Greek theater could have conceived of an hys-

terical dissociation of the type of Lady Macbeth. It appears that the ancient Greeks were markedly free from hysteria, although the disease was well known to the Greek physicians, who had a vague conception of it as a form of erotic symbolism. Many of the conditions of furor depicted on the Greek stage were probably epilepsy and not hysteria, as even the excellent descriptions of Hippocrates, did not clearly distinguish between the two diseases. Hysteria is the result of unconscious conflicts of complexes, but the Greek stage, by reason of its unique function as a kind of national catharsis provided an outlet for these repressed conflicts and therefore served as a protector of the national mental health. It was for this reason that Aristotle defined the function of tragedy as an æsthetic or emotional catharsis. Tragedy, therefore, among the ancient Greeks, was

of such a peculiar nature that it provided a channel into which their surplus or repressed emotions might easily flow. The Greek drama arose out of folk festivals dedicated to Dionysus and possessed a more or less sexual or erotic character. It is well known that sexual repressions are the greatest of all repressions and are preëminent in producing hysteria.

CHAPTER V

THE PSYCHOANALYSIS OF LADY MACBETH

The first building up and hint of the murder complex is found in Macbeth's mind, before, with a kind of psychic contagion, he transmits it to his wife by means of the letter which engenders her famous first soliloquy. After King Duncan has invested him with the title of Thane of Cawdor, in an "aside," the com-

plex breaks through for the first time.

“Glamis and Thane of Cawdor:
The greatest is behind” (I. 3).

The words of the weird sister have thus already begun their unconscious incubation and maturation,

“All hail, Macbeth, that shalt be King hereafter”
(I. 3),

and he has already begun to

“Yield to that suggestion
Whose horrid image doth unfix my hair
And make my seated heart knock at my ribs” (I. 3).

The “suggestion” in Macbeth has become an obsession and it is this obsession which furnishes the keynote to the evolution of the mental disease of Lady Macbeth, finally dominating and overgrowing her entire personality.

The weird sisters are myths, but like all myths they must be interpreted not literally, but as symbols,—as instigators

of a fixed idea of ambition which they plant in Macbeth's mind, and which acts like an hypnotic suggestion. Macbeth was thus affected by the witches' prophecies, partly because the promise in these prophecies acted as a compensation or substitution for his childlessness, and partly because they harmonized with the already formed unconscious wish to be King. Banquo, however, issued from the interview unscathed, there was no compensation needed in him, for he was neither childless nor wished to be King. This, I take it, is the true interpretation, while the usual one, which states that Macbeth is criminal by nature while Banquo is not, appears to be utterly erroneous. Macbeth was completely dazed, almost hypnotized, by the words of the witches, as is shown by the fact that in speaking to them, Banquo refers to Macbeth as

“My noble partner

You greet with present grace and great prediction
Of noble having and of royal hope,
That he seems rapt withal” (I. 3).

Since he was in this semihypnotic condition, the prophecies of the witches acted like a powerful suggestion, which later became elaborated and acted upon because they completely harmonized with his unconscious wishes.

Lady Macbeth first appears in the fifth scene of the first act, reading her husband's letter, which briefly described his meeting with the three weird sisters. Therefore, any ideas which might enter into the mind of Lady Macbeth, were due to hints contained in the letter betraying her husband's wishes, and were elaborated in a soliloquy which revealed the very rapture of ambition. This first soliloquy is remarkable, it is her first daydream of ambition, so strong and dominating, that

she believes she possesses what she really does not possess—namely, bravery. It is this imaginary wish fulfillment to be queen which later causes the hysterical dissociation. As can be demonstrated later in the sleep-walking episode, this daydream of bravery was merely assumed, a mask for the realization of the sudden uprush of her ambition. The genuine underlying cowardice was suppressed.

But the suppressed complex of ambition has become dominating and will now stop at nothing to accomplish its ends. At first consciously prodded on, it soon becomes automatic, beyond her control, she becomes dominated by the fixed idea which causes her disease and which later is responsible for the somnambulism. When the messenger arrives with the news that “the King comes here to-night,” the suppressed complex of the desire to be queen and the means to be

employed to accomplish the desire, breaks through for the first time. Like slips of the tongue in everyday life, which modern psychopathology have shown are not accidental, but are predetermined by antecedent complexes, so the immediate answer is not the usual one of welcome, but one tinged and distorted by her dreams of ambition and the first vague glimmering of homicide. Here the disturbing thought is caused or conditioned by the repressed complex and she replies

“Thou’rt mad to say it.”

Then she suddenly feels that she has disclosed herself and her innermost thoughts and in order to disarm suspicion, the remainder of the reply becomes commonplace.

The modern theory of the bursting of suppressed complexes into speech, indicates a sudden removal of the censorship

and an uprushing of the subconscious ideas. This alternate play of free speech and of repression forms one of the most characteristic features of Lady Macbeth's mental disorder. In the presence of the messenger, after the revealing of the complex, a compromise with the unconscious takes place, she again becomes the calm Lady Macbeth and attempts to assume an indifferent attitude by pretending that it is lack of preparation for the sudden visit of the King which led to this emotional outburst.

"Is not thy master with him? who, were't so,
Would have inform'd for preparation" (I. 5).

When the messenger leaves, the suppressed complex again breaks forth into a daydream of ambition, of a burning desire and wish to be queen. She imagines, but immediately represses it, at least so far as can be determined by her words,

that the opportune moment has arrived and the King will walk into the trap she has prepared for him. In order to brace herself for the ordeal and for the rapidly forming plans of the "taking off" of Duncan, she again deceives herself into thinking that she possesses bravery for a deed which is clearly present in the background of her mind. This, I take it, is the most logical interpretation of the remainder of that remarkable soliloquy which follows:

"The raven himself is hoarse
That croaks the fatal entrance of Duncan
Under my battlements. Come, you spirits
That tend on mortal thoughts, unsex me here,
And fill me, from the crown to the toe, top-full
Of direst cruelty! make thick my blood,
Stop up the access and the passage to remorse,
That no compunctious visitings of nature
Shake my fell purpose, nor keep pace between
The effect and it! Come to my woman's breasts,
And take my milk for gall, you murdering min-
isters,
Wherein your sightless substances

You wait on nature's mischief! Come, thick night,
And pall thee in the dunnest smoke of hell,
That my keen knife see not the wound it makes,
Nor heaven peep through the blanket of the dark,
To cry 'Hold, hold!' " (I. 5.)

Then, in the first appearance of Macbeth before his wife, the conversation clearly reveals the working of Lady Macbeth's mind. It is only in her waking condition that she is master of the situation, influences her husband, and maintains herself in a logical relation to her surroundings. This is not spontaneous, however, but is the effect of a suppression brought about through a colossal effort of the will. In the somnambulist personality, she loses this mastery, becomes a coward and the subject of a depression which finally terminates in suicide.

It can be shown that for years, even before the witches' prophecies, Macbeth had the latent, unconscious wish to be King.

This welcome but forbidden wish was suppressed and the witches' prophecies merely transposed it from the unconscious to the conscious, in other words, it became projected outwards. There the transposed wish became converted in Macbeth to elemental fear. Why, then, was such a coward as Macbeth attracted to a woman like Lady Macbeth? Not because she was masculine, for any masculine traits which she may have manifested were merely superficial and assumed and not fundamental. In fact, she was distinctly feminine; it was necessary that she be so, in order to have attracted a man like Macbeth. Macbeth, with his inclination to murderous deeds and his unconscious but unrealized wishes, was attracted to Lady Macbeth because she was capable of fanning these tendencies, tendencies clamoring for expression and struggling for outward projection

until finally they became fixed in an uncontrollable impulse. In fact, the transfer of the emotions is the most common psychic occurrence of the drama. Lady Macbeth was impelled to the murder through her suppressed impulses. The desire to be queen hid these impulses in the same manner that the political and patriotic ambitions of Charlotte Corday and Joan of Arc were merely masks for their suppressed, unconscious activities.

This transfer takes place through the unconscious and hidden meanings rather than through conscious deeds or words. When this unconscious motive breaks through, we have tragedy, or, as Wittels expresses it, "the cause of all tragedy is the breaking into consciousness of the illogical and unethical subconscious self." In the Shakespearean drama this transfer is seen in the relations of Othello to Des-

demonia, of Lear to Cordelia and of Hamlet to his mother.

This mechanism furnishes the key to Macbeth. Let us see how Shakespeare accomplished this, not that Shakespeare was a scientist and intended a scientific demonstration, but rather to show how his creative faculty unconsciously and intuitively depicted a struggle and a mental mechanism which may have escaped his conscious understanding. This transfer is shown in the following dialogue:

Lady M. Geat Glamis! worthy Cawdor!
Greater than both, by the all-hail hereafter!
Thy letters have transported me beyond
This ignorant present, and I feel now
The future in the instant.

Macb. My dearest love,
Duncan comes here to-night.

Lady M. And when goes hence?

Macb. To-morrow, as he purposes.

Lady M. O, never
Shall sun that morrow see!
Your face, my thane, is as a book where men
May read strange matters. To beguile the time,

Look like the time; bear welcome in your eye,
Your hand, your tongue; look like the innocent
flower,

But be the serpent under't. He that's coming
Must be provided for: and you shall put
This night's great business into my dispatch;
Which shall to all our nights and days to come
Give solely sovereign sway and masterdom.

Macb. We will speak further.

Lady M. Only look up clear;
To alter favor ever is to fear:
Leave all the rest to me.

Macb. Will it not be received,
When we have mark'd with blood those sleepy two
Of his own chamber, and used their very daggers,
That they have done't?

These final words of Macbeth with which he sums up the conversation represent a compromise with his wishes and an apology for his fear.

Lady Macbeth is next brought face to face with the King and in response to his greetings, there follows a reply, which is the very quintessence of hypocrisy, and which may be interpreted as a substitu-

tion or a compensation for the gradually dominating but repressed complex.

“All our service
In every point twice done, and then done double,
Were poor and single business to contend
Against those honors deep and broad wherewith
Your majesty loads our house: for those of old,
And the late dignities heap'd up to them,
We rest your hermits (I. 6).

Then, when the time for the great deed approaches, and Macbeth wavers, she goads him on and in the words

“I have given suck, and know
How tender 'tis to love the babe that milks me:
I would, while it was smiling in my face,
Have pluck'd my nipple from his boneless gums,
And dash'd the brains out, had I so sworn as you
Have done to this” (I. 7).

Here is an example of a substitution, or what is termed in modern psychopathology as a sublimation or transformation of a sexual complex into ambition, a mechanism which is frequently found

in hysteria. The theme of childlessness is here revealed for the first time. In fact, so complete does the transformation sometimes become, that the hysterics fail to recognize the sexual thoughts underlying their symptoms and they can be revealed only through the technical devices of psychoanalysis. In both Lady Macbeth and Macbeth, the sexual energy is transformed—in the former it leads to an ambition complex, in the latter to criminality. In this remarkable dialogue between Lady Macbeth and her husband, we see how constant reiteration gradually fixes the complex into consciousness, an identical mechanism found in one of the scenes between Iago and his dupe Roderigo in the constant reiteration of "Put money in thy purse."

As the final moment approaches for the murder, the so-called courage which Lady Macbeth had deluded herself

that she possessed, has not remained in the “sticking place,” but she weakens perceptibly and is compelled to have recourse to alcohol in order to make her brave. She is not brave naturally, but is a coward at heart, as is particularly shown in the lines:

“That which hath made them drunk hath made me
bold;
What hath quench’d them hath given me fire.”

This cowardice is again later seen in the words uttered after the first cry of Macbeth heard from the King’s chamber—when she becomes afraid that perhaps the possets have not been sufficiently drugged and the grooms or perhaps the King himself has awakened. The words uttered are an artful excuse, a substitution for her cowardice, and not, as one critic has stated, because some fancied resemblance to her father had arisen to stay her uplifted arm and thus worked on her con-

science. Here the motive is far deeper—a symptomatic, unconscious substitution for her cowardice and not due to any prickings of conscience in the relation of child to parent. Thus the words

“I laid their daggers ready;
He could not miss ’em. Had he not resembled
My father as he slept, I had done’t” (II. 2).

acquire a new significance in the light of modern psychopathology.

But as Macbeth reënters, in that sublime, laconic whispering between him and Lady Macbeth, the latter’s agitation and fear momentarily break forth even with the use of alcohol, but is just as quickly subdued and repressed. It is this repression of Lady Macbeth’s cowardice as well as her repression of the knowledge of the murderers of Duncan, Banquo and the wife and children of Macduff, which is responsible for the gradual develop-

ment of the mental dissociation which culminates in the somnambulism.

But after the deed is done, there arises the first premonition of the impending mental dissociation and suicide. So terrible has become her fear and horror, the repression has become so intense, that she shrinks from the guilty secret, and here enters the first element of the mechanism which leads to the hysterical dissociation. She chooses repression and not free expression, thus erroneously feeling that the former will neutralize the emotional shock. Thus her warning to Macbeth

“These deeds must not be thought
After these ways; so, it will make us mad,”

shows an attitude which is characteristic of an impending mental disintegration.

Later in the scene, her words:

“The sleeping and the dead
Are but as pictures,”

indicate the beginning of a dissociation of the personality, in an attempt to cut off or repress the thoughts of the tragedy from the rest of her experience.

That Shakespéare was fully aware that repression of the emotions was not only painful but dangerous, is shown in the words of Malcolm to Macduff, after the latter has been informed of the murder of his wife and children.

“What, man! ne’er pull your hat upon your brows;
Give sorrow words: the grief that does not speak
Whispers the o’erfraught heart, and bids it break.”

After the murder, Macbeth becomes for the time being, clearly hallucinated, the suppressed complexes and the fear having become converted into sensory phenomena. Thus the disturbing mechanism at the basis of these hallucinations was in Macbeth’s subconscious mental life, namely, the autogenetic influence of his own thoughts. The words “Sleep no

more," with their monotonous reiteration, were not due to chance, but were the result of a disturbing and directing subconscious mechanism, arising from antecedent complexes. The same mechanism was at work earlier in the hallucination of the dagger and later in the appearance of the ghost of Banquo. It is remarkable, too, how fragmentary the hallucinations were, mere phrases here and there, a condition found in all mental diseases where auditory hallucinations are present.

The knocking at the gate furnishes a distinct emotional contrast to the terror of this scene and is a bursting of reality upon the unreality of things which Lady Macbeth feels creeping upon her. The silence and the whispering, the hallucinatory phenomena which Macbeth relates to his wife, the tenseness of Lady Macbeth, these all are suddenly broken into

by the stern realism of the knocking. It is easy to conceive, under these circumstances, how this knocking could act as a psychic traumatism upon the tense emotions of Lady Macbeth, how it transformed her assumed bravery into terrorizing fear and how these elements alone, if necessary, could act as efficient causes for the development of the hysterical disturbance. The repression of the secret of the murder, the imaginary wish to be the mother to a line of Kings, here coincides in consciousness with terror and excitement. The repressed emotions have thus been injured and out of this injured repression, the hysteria arose.

Thus two complexes were already at work in the consciousness of Lady Macbeth and it is these complexes or rather the repression of these complexes which led to the mental dissociation. The ambition complex is based upon day-

dreams of ambition, not so much for herself as for her husband. It is a substitute for her childlessness or rather for the children which she has lost and it may be termed a sublimated sexual complex. Freud has a very significant passage concerning this point. He states, "Shakespeare early lost a son by the name of Hamnet. As in Hamlet there was treated the relation of the son to the father, so in Macbeth there is treated the theme of childlessness. Thus we can search out the meaning of the deep emotions in the mind of the creative poets."

Two prominent Shakespearean critics (Ulrici and Brandes) also point out the childlessness of Lady Macbeth and its effect upon the evolution of her abnormal mental state. This is seen in several significant passages—one of Lady Macbeth's soliloquies and Macduff's speech beginning

"He has no children."

The second great repression is the murder complex, the outgrowth of the first and it is this which is equally potent in leading to the mental disintegration.

However, Lady Macbeth was ignorant of the fact that Macbeth had murdered the grooms at the same time he murdered Duncan, because when she returned from her intention of smearing "the sleepy grooms with blood," she still believed them to be merely in a drunken sleep, so deep

"That death and nature do contend about them,
Whether they live or die" (II. 2).

Therefore, when Macbeth later announced before the sons of Duncan that he had killed the grooms for their murder of the King, the emotional shock of this sudden news was so painful, that Lady Macbeth actually fainted. The

fainting at this juncture has given rise to considerable controversy, some critics consider the fainting to be genuine, while others interpret it as feigned. I believe, however, that the swoon was real, it marked the first objective symptom of the hysterical dissociation. It is a genuine hysterical attack, due to overpowering emotions and terror. It is neither pretense nor a mere revulsion of feeling. Macbeth was unconcerned at the fainting because he was far more dominated at the time by a feeling that he must not betray himself by either word or action. This unconcern of Macbeth about his wife's condition, is, therefore, no proof that he believed the fainting attack to be feigned.

The fact that she fainted at Macbeth's description of the murder with its bloody accompaniments, while she did not faint when she saw the dead King himself (even if he did "resemble" her father)

and then wiped the bloody daggers upon the faces of the apparently sleeping grooms, is explained by two facts. The effect of the alcohol, which formerly sustained her, had entirely worn off and secondly, she was completely overwhelmed at the sudden revelation that her husband had murdered the grooms in addition to the King.

In the third act, the words of the muttering soliloquy

“ 'Tis safer to be that which we destroy
Than by destruction dwell in doubtful joy,”

marks the preparation for the sleep-walking scene and for her later suicide.

The preparations for Banquo's murder have been completed and both husband and wife are in a state of terror and mental anguish. Even in sleep the repressed complexes continue to break through in dreams, perhaps literal, perhaps symbolic.

“Ere we will eat our meal in fear, and sleep
In the affliction of these terrible dreams
That shake us nightly: better be with the dead,
Whom we, to gain our peace, have sent to peace,
Than on the torture of the mind to lie
In restless ecstasy” (III. 2).

These words show that Lady Macbeth likewise suffered from terrible dreams, and that both related these dreams to each other. Now it is well known that during the waking state, complexes may be kept repressed by a constant censorship of consciousness. In sleep, this censorship becomes relaxed and the repressed experiences appear either as literal or symbolic dreams. Thus dreams are not chance phantasmagoria of thought disturbing sleep, but are really the logical result of stored-up but repressed experiences. Dreams are likewise markedly individualized and conform to the usual mental make-up of the subject. While this mechanism may take place in every-

day life, yet it is particularly liable to occur in hysteria. In *Lady Macbeth*, an identical mechanism was at work—the reappearance of repressed complexes in her dreams, thereby disturbing sleep—and later leading to somnambulistic attacks.

Macbeth evidently has some solicitude for his wife's condition, for he does not tell her of the details of the plot against Banquo.

This is seen in the dialogue:

Macbeth. O, full of scorpions is my mind, dear wife!

Thou know'st that Banquo, and his Fleance, lives.

Lady M. But in them nature's copy's not eterne.

Macbeth. There's comfort yet; they are assailable;

Then be thou jocund: ere the bat hath flown
His cloister'd flight; ere to black Hecate's summons
The shard-borne beetle with his drowsy hums
Hath rung night's yawning peal, there shall be
done

A deed of dreadful note.

Lady M. What's to be done?

Macbeth. Be innocent of the knowledge, dearest chuck,
Till thou applaud the deed (III. 2).

In the third act at the banquet scene, Macbeth has become more definitely hallucinated. Earlier in the play he had some suspicion that perhaps the vision of the dagger was unreal,

“A dagger of the mind, a false creation,
Proceeding from the heat-oppressed brain.”

In this case, the vision of the dagger was a symbolized subconscious idea, which on account of its intensity had become transformed into a genuine visual hallucination.

In the banquet scene, however, insight into the imaginary character of the false perception has definitely disappeared and the ghost of Banquo, unlike the ghost of Hamlet's father, is seen by no one except Macbeth, thus definitely stamping the phenomenon as a genuine hallucination.

Taine has vividly described this scene as follows—referring it to its proper pathological category—“With muscles twitching, dilated eyes, his mouth half open with deadly terror, he sees it shake its bloody head, and cries with that hoarse voice, which is only to be heard in maniacs’ cells. His body trembling like that of an epileptic, his teeth clenched, foaming at the mouth, he sinks to the ground, his limbs writhe, shaken with convulsive quiverings, whilst a dull sob swells his panting breast and dies in his swollen throat.” Macbeth is strongly predisposed to epilepsy and like Othello, under emotional strain, he has a genuine epileptic convulsion. This explains one phase of Macbeth’s criminality—he is a criminal partly because he is an epileptic, and partly because the wish to be King is acting like an hypnotic suggestion.

Now what was Lady Macbeth’s atti-

tude towards this terrible episode and what change did it develop in her—already the victim of a rapidly developing hysteria. She is ignorant of the murder of Banquo, yet perhaps she half suspects that her husband has committed another crime. She cannot betray him and so again the repression appears and therefore at the banquet she excuses his sudden attack of mental alienation, in the words,

“Sit, worthy friends: my Lord is often thus,
And hath been from his youth: pray you, keep seat;
The fit is momentary; upon a thought
He will again be well” (III. 4).

That the entire banquet experience has been repressed in the unconscious, is shown by its reappearance during the later somnambulism, where the genuine and not the false mental state becomes manifest—

“Fie, my Lord, fie!
A soldier and afeard?”

In the sleep-walking scene, Shakespeare reached the summit of his art in creating an abnormal mental state. While some of the episodes in *Hamlet* may have caused more discussion and a greater literature, yet much of *Hamlet* is problematical, while in *Lady Macbeth*, there can be but one interpretation of this scene, namely, a case of hysterical somnambulism, and conforming to all the known laws of the psychological phenomena of somnambulistic mental states. The entire scene furnishes a splendid illustration of Shakespeare's remarkable insight into mental mechanisms, particularly into abnormal states of consciousness.

This somnambulistic scene is predetermined by the existing, suppressed complexes. It is a subconscious automatism. *Lady Macbeth* during this scene is not in a state of unconsciousness

or even sleep, for in fact her consciousness is very active, but she is rather in a condition of special consciousness. In such a mental condition very complicated but natural acts may be performed.

These somnambulistic phenomena, on account of the close linking of the association of ideas are machine-like and automatic in their repetition. As the mental state in which they occur excludes any voluntary action of the will, when once started they inevitably follow the same order. Now this is precisely what occurred to Lady Macbeth. As an analysis of the mental mechanism of her particular somnambulistic state will distinctly show, the entire episode closely corresponds to the form of the condition termed *monoideic somnambulism*.

I must fully agree with Coleridge that Lady Macbeth is essentially of the day-dreaming type. It is interesting to note

that in all carefully analyzed cases of hysteria, this daydreaming will be found to be a prominent characteristic. The daydreams were partly those of ambition and partly sexual—both were imaginary wish fulfillments to be queen and to have a son as a compensation for her childlessness and thus have some one inherit the throne, since the witches hailed Macbeth as father to a line of Kings. These daydreams of Lady Macbeth furnish the key to the later night dreams and the somnambulism. Daydreams may express themselves in various hysterical symptoms and attacks, such as somnambulism, sudden losses of consciousness and amnesia, all of which are found in Lady Macbeth. This is particularly liable to occur when the daydreams and complexes are intentionally forgotten and merge into the unconscious by repression, a mental mechanism which is a prominent char-

acteristic of Lady Macbeth. It is this mental mechanism of repression which finally developed into the somnambulism.

The sleep-walking scene is not mentioned in Holinshed and it must therefore be looked upon as an original effort of Shakespeare's creative imagination. Lady Macbeth had none of the usual phenomena of sleep, but she did show with a startling degree of accuracy all the symptoms of hysterical somnambulism. Somnambulism is not sleep, but a special mental state arising out of sleep through a definite mechanism. The sleep-walking scene is a perfectly logical outcome of the previous mental state. From the very mechanism of this mental state, such a development was inevitable. She is not the victim of a blind fate or destiny or punished by a moral law, but affected by a mental disease.

It is evident from the first words

uttered by the Doctor in the sleep-walking scene, that Lady Macbeth had had several previous somnambulistic attacks. That we are dealing with a genuine somnambulism is shown by the description of the eyes being open and not shut. Now several complexes or groups of suppressed ideas of an emotional nature enter into this scene and are responsible for it. The acting out of these complexes themselves are based upon reminiscences of her past repressed experiences.

The first complex relates to the murder of Duncan as demonstrated in the continual washing of the hands, an act not seen earlier and here clearly brought out in the sleep-walking scene. This automatic act is a reminiscence of her earlier remark after the murder of Duncan, "A little water clears us of this deed."

The second complex refers to the mur-

der of Banquo, clearly shown in the words, "I tell you yet again, Banquo's buried; he cannot come out of his grave," thus demonstrating that she is no longer ignorant of this particular crime of her husband.

The third complex entering into the sleep-walking scene distinctly refers to the murder of Macduff's wife and children—"The Thane of Fife had a wife, where is she now?" Various other fragmentary reminiscences enter into this scene, such as Macbeth's terror at the banquet in the words, "You mar all with this starting," the striking of the clock before the murder of King Duncan, and the reading of the first letter from Macbeth announcing the witches' prophecy. Thus a vivid and condensed panorama of all her crimes passes before her. Like all reported cases of hysterical somnambulism, the episode is made up, not of one, but of all

the abnormal fixed ideas and repressed complexes of the subject. The smell and sight of blood which she experiences, is one of those cases in which hallucinations developed out of subconscious fixed ideas which had acquired a certain intensity, as in Macbeth's hallucination of the dagger. Since blood was the dominating note of the tragedy, it was evidence of Shakespeare's remarkable insight that the dominating hallucination of this scene should refer to blood. The analysis of this particular scene also discloses other important mental mechanisms.

There is a form of nervous disease known as a compulsion neurosis in which the subject has an almost continuous impulsion to either wash the hands or to repeat other actions almost indefinitely. As a rule, this compulsion appears meaningless and even foolish to the outside

observer and it is only by an analysis of the condition, that we can understand its nature and true significance. The compulsion may arise from the idea that the hands are soiled or contaminated or there may be a genuine phobia of infection or contamination. As an example, I had the opportunity to observe the case of a young girl who would wash her hands a number of times during the day. She could give no explanation for this impulsion. A psychoanalysis, however, disclosed the fact that the washing of the hands was due to ideas of religious absolution from certain imaginary sins and arose as an act of defense against imaginary contamination. Now a similar group of symptoms is found in Lady Macbeth. In the sleep-walking scene the following dialogue occurs—

Doctor. What is it she does now? Look, how she rubs her hands.

Gentlewoman. It is an accustomed action with her, to seem thus washing her hands: I have known her continue in this a quarter of an hour.

Then later in the scene, Lady Macbeth speaks as follows, disclosing the complex which leads to this apparently meaningless action. "What, will these hands ne'er be clean? . . . Here's the smell of the blood still: All the perfumes of Arabia will not sweeten this little hand."

Here the symptom develops through Lady Macbeth transferring an unpleasant group of memories or complexes, which have a strong personal and emotional significance, to an indifferent act or symptom. The act of washing the hands is a compromise for self-reproach and repressed experiences. The mechanism here is the same as in the compulsion neuroses, a proof of Shakespeare's remarkable insight into the workings of the human mind. When the doctor later

states, "This disease is beyond my practise," he expressed the attitude of the medical profession towards these psychoneurotic symptoms until the advent of modern psychopathology.

In the words, "Out damned spot—Out I say," the mechanism is that of an unconscious and automatic outburst. It is very doubtful if Lady Macbeth would have used these words if she were in her normal, waking condition. Thus the difference between the personality of Lady Macbeth in her somnambulistic and in the normal mental state, is a proof of the wide gap existing between these two types of consciousness.

Lady Macbeth may therefore be looked upon as possessing two personalities, which appear and disappear according to the oscillations of her mental level. In her normal, waking state, repression and an assumed bravery are marked. In

the sleeping or somnambulistic state, the repression gives way to free expression and her innate cowardice becomes dominant. In her waking condition, she shows no fear of blood, but shrinks from it when in a state of somnambulism. Her counsel to her husband while awake is that of an emotionless cruelty, while in somnambulism she shows pity and remorse. If one could believe in the womanliness of Lady Macbeth, then her sleeping personality must be interpreted as the true one, because removed from the inhibition and the censorship of voluntary repression.

Thus Shakespeare, with most remarkable insight, has made the sleep-walking scene exactly conform to all the characteristics of a pathological somnambulism.—that is—the subject sees and hears everything, there is a regularity of development, as the subject repeats the

same words and gestures as in the original experience and finally, on a return to the normal personality after the attack is over, there is no memory for the attack, in other words, amnesia has taken place. Lady Macbeth's actions during the sleep-walking scene are very complicated, show a clear memory of her past repressed experiences, in fact, they are an exact reproduction and rehearsal of these experiences. Finally, she shows an amount of reasoning and association which would be impossible during the annihilation of consciousness during sleep and which only could have taken place when consciousness was very active.

Thus somnambulism is not sleep, but an abnormal mental state, distinct from the ordinary mental state of the subject. Somnambulism may be defined as a mental state in which the subject possesses particular memories and does particular

acts, but of which there is no memory on return to the normal state of consciousness. The amnesia of somnambulism is of the same nature as all hysterical amnesias,—the subject is incapable of attaching to his normal personality the memories of the somnambulistic attack.

Modern psychopathology has reported a number of cases whose symptoms strongly resemble the sleep-walking of Lady Macbeth.

Several cases of this type have come under personal observation. One was a young girl who developed hysteria after the emotional shock of her mother's sudden death of which she was an unwilling spectator. Another case of hysteria developed after the fright of a midnight conflagration on a cold winter's night. In both these cases, somnambulistic episodes took place in the course of the dis-

ease and each patient in the somnambulism acted to the smallest detail the emotional episode which originally caused the hysterical dissociation. On awakening, neither patient had any memory for the actions of the somnambulism—in fact there was a complete amnesia.

Janet has reported several such cases. In one of them, a young woman who had been attacked by burglars reproduced the entire attack in somnambulism, but without any memory for the attack on awakening.

In another case, hysteria developed in a young woman who was attacked by lions while near the cage of the animals. She later developed a curious somnambulistic delirium, in which she imitated the actions of the lions in every respect, even attempting to devour photographs of children. There was complete amnesia for each somnambulistic crisis,

which could not be recollected except in hypnosis.

I had the opportunity of studying a similar case of hysteria, of which a portion of the clinical history may be quoted from a previous publication.

“Miss F. for a number of years had suffered at various intervals from peculiar attacks consisting of headache, palpitation of the heart, and twitching of both arms, particularly the left arm. Each attack was of several months’ duration. In the intervals between the attacks she was perfectly well. Sometimes the twitching was so severe that the patient was compelled to go to bed for a week at a time, and on one of these occasions, she was in a stuporous condition for two days. The attacks are said to have followed an emotional experience when the patient was eight years of age, a fright at seeing her cousin disguised in white to resemble

a ghost. While the patient had heard of this experience in general, she has never been able to recall it in detail.

Miss F. was very easily hypnotized, with amnesia (loss of memory) on awakening from the hypnotic state. In this artificial condition, she was able to recall vividly all the details of the emotional experience, but on being awakened, she again became amnesic for this experience. While hypnotized and asked to relate the ghost experience, she gives the account as follows in laconic sentences and in a very dramatic manner. "Seem to see it all now. He makes a noise. He comes near me. It is dark. All I can see is the white and I scream. He tells me it is he and not to cry. I was taken to the bed. I don't remember from that until the doctor came." In the same hypnotic state she also gave some further details of her experience, in which she

struggled, bit, and was finally rendered unconscious through the use of chloroform. The emotional shock occurred when the patient was only eight years of age, and we hope to show that the dissociating effect of this emotion was directly responsible for the mental and physical aspects of her hysterical condition. While relating these experiences in hypnosis, the emotional reaction was quite dramatic. She sighed, shivered, grated and gnashed the teeth, the whole body trembled, the left arm twitched, and the facial muscles became distorted into an aspect of agony and fear. Occasionally she would scream "Ghost," "white," "that smell." In other words while hypnotized, the patient lived over again the harrowing experiences of years previous. On being awakened from hypnosis even in the midst of the state of fear, all abnormal symptoms would cease at once

(except the twitching of the left arm). The patient had no recollection of either the peculiar phenomena during hypnosis or of her narration of the experiences." It will be noticed that in many ways, this rehearsal of the original emotional experience in hypnosis, which is really an artificial somnambulism, strongly resembled the hysterical somnambulism of Lady Macbeth.

One of the most remarkable cases of somnambulism reported, is a case of Irene, given in detail by Janet. This case also bears a close resemblance to the phenomena displayed by Lady Macbeth. Irene was a young girl, twenty years of age, who, as the result of emotions caused by the death of her mother, for two years presented a severe hysterical state, characterized essentially by crises of somnambulism with hallucinations and a complete loss of memory for each

somnambulistic attack. The condition is described by Janet as follows—

“We come back to the common story of a young girl twenty years old, called Irene, whom despair, caused by her mother’s death has made ill. We must remember that this woman’s death has been very moving and dramatic. The poor woman, who had reached the last stage of consumption, had lived alone with her daughter in a poor garret. Death came slowly, with suffocation, blood vomiting, and all its frightful procession of symptoms. The girl struggled hopelessly against the impossible. She watched her mother during sixty nights, working at her sewing machine to earn a few pennies necessary to sustain their lives. After the mother’s death she tried to revive the corpse, to call the breath back again; then as she put the limbs upright, the body fell to the floor, and it

took infinite exertion to lift it again into bed. You may picture to yourself all that frightful scene. Sometime after the funeral, curious and impressive symptoms began. It was one of the most splendid cases of somnambulism I ever saw.

“The crises last for hours, and they show a splendid dramatic performance, for no actress could rehearse those lugubrious scenes with such perfection. The young girl has the singular habit of acting again all the events that took place at her mother’s death, without forgetting the least detail. Sometimes she only speaks, relating all that happened with great volubility, putting questions and answers in turn, or asking questions only, and seeming to listen for the answer; sometimes she only sees the sight, looking with frightened face and staring on the various scenes, and according to what she

sees. At other times, she combines all hallucinations, words, acts, and seems to play a very singular drama. When, in her drama, death has taken place, she carries on the same idea, and makes everything ready for her own suicide. She discusses it aloud, seems to speak with her mother, to receive advice from her; she fancies she will try to be run over by a locomotive. That detail is also a recollection of a real event of her life. She fancies she is on the way, and stretches herself out on the floor of the room, waiting for death, with mingled dread and impatience. She poses, and wears on her face expressions really worthy of admiration, which remain fixed during several minutes. The train arrives before her staring eyes, she utters a terrible shriek, and falls back motionless, as if she were dead. She soon gets up and begins acting over again one of the preced-

ing scenes. In fact, one of the characteristics of these somnambulisms is that they repeat themselves indefinitely. Not only the different attacks are always exactly alike, repeating the same movements, expression and words, but in the course of the same attack when it has lasted for a certain time, the same scene may be repeated again exactly in the same way five or ten times. At last, the agitation seems to wear out, the dream grows less clear, and gradually or suddenly according to the cases, the patient comes back to her normal consciousness, takes up her ordinary business quite undisturbed by what has happened."

After the sleeping-walking episode comes the last scene of all—the final picture of the catastrophe—the only possible solution of Lady Macbeth's mental disease—namely her suicide. We are left completely in the dark as to the method of

suicide—here both drama and chronicle are silent. The impulsion to suicide has occasionally followed an hysterical somnambulistic delirium and likewise has occurred in the course of the attack.

Lady Macbeth's mental disease has thus been followed through all the phases of its evolution, from the birth of the first complex in her mind to her final dissolution and suicide. The fundamental mechanism of the disorder was a repression of certain emotional experiences leading to a mental dissociation and the reappearance of these experiences in somnambulism. During the course of this essay it has been necessary to discuss two other phases of the tragedy, so closely are they bound up with Lady Macbeth's mental disorder namely,—the criminality and epilepsy of Macbeth and the weird sisters as symbolizing a suggestion of crime and ambition.

The relentless fate of Greek tragedy, of Hamlet, King Lear, Othello, Rosmersholm, also dominates the tragedy of Macbeth. In Lady Macbeth there is a constant battle between free will and determination. Determinism is triumphant, because Lady Macbeth cannot emancipate herself from the suppressed complexes which inevitably led to her mental disorder. She thinks she chooses her actions whereas in reality they are chosen for her by the unconscious complexes. Macbeth is likewise the victim of the same mental mechanism.

This ethical relentlessness of the tragedy is due to the hysteria of Lady Macbeth, with its strong, deterministic factors. Because Lady Macbeth in her somnambulistic state was different from Lady Macbeth in her waking condition, she suffered from a disintegration or a dissociation of the personality. In fact,

it has been particularly pointed out by Morton Prince that all hysteria is a mental dissociation. Lady Macbeth's personality was doubled, normal and abnormal, alternating, but at the same time co-conscious. The dissociation resulted from repressed, unconscious motives and conflicts, due, not to a sudden emotional shock, but to a series of repressed complexes.

Thus in the tragedy of Macbeth we move in a kind of symbolized world. The Macbeth legend is a symbol and it conceals within itself the theme of childlessness in the same manner that a dream may symbolize underlying strong, personal motives and interests. This is the reality behind the symbolism. Macbeth is primitive, myth-like and it is now well recognized that the formation of myths and legends has the same mechanism as the formation of dreams. In Macbeth as

in dreams, we move in a world of supernatural activities—witches and ghosts, exaggerated and heroic deeds, even at times emotionless murders—a mechanism identical with dreaming. The witches are primitive myth creations, sexless, yet old women, emotionless yet exciting to ambition, motiveless, yet furnishing the main motive of the tragedy. They are thoroughly Shakespearean and in them we see how the creative imagination of the poet is related to the primitive myth maker. They wield their power over Macbeth (and secondarily over Lady Macbeth) because they stimulate his half-formed unconscious and repressed wish to be King. The witches are thus the instigators of the entire tragedy and of the unconscious wishes of the chief characters. They set its machinery in motion in the same way that a dream may be instigated by the events of the day.

Thus their meaning becomes clear in the light of psycho-analysis. They are erotic symbols, representing, although sexless, the emblems of the generative power in nature. In the "hell broth" are condensed heterogeneous materials in which even on superficial analysis one can discern the sexual significance. If it be asked, why this particular symbolism? it is because they bring to maturity Macbeth's "embryo wishes and half formed thoughts." When Macbeth shrinks, it is not from the horrors involved in their prophecies, but from his own imaginary wish fulfillment and mental conflicts. The shrinking is overcome, however, by their constant harping and the unconscious wish becomes an obsession. This is the mental mechanism of Macbeth, which, by a kind of mental contagion he transfers to his wife and which finally develops in her, into a typical case of hysteria.

BIBLIOGRAPHY

- K. Abraham*—Traum und Mythos, Eine Studie Zur Volkerpsychologie, 1909.
- A. C. Bradley*—Shakesperean Tragedy, 1904.
- George Brandes*—William Shakespeare. A Critical Study, 1898.
- J. C. Bucknill*—The Psychology of Shakespeare, 1859.
- S. T. Coleridge*—Notes and Lectures upon Shakespeare, 1849.
- Isador H. Coriat*—Abnormal Psychology, 1910.
- Edward Dowden*—Shakespeare: A Critical Study of his Mind and Art, 1881.
- S. Freud*—Die Traumdeutung, 1909.
- H. H. Furness*—The New Variorum Edition of Shakespeare—Vol. II (Macbeth), 1903.
- A. Goll*—Criminal Types in Shakespeare, 1909.
- Hoche*—Shakespeare und die Psychiatrie—Neurol. Centralblatt, 1900.
- Mrs. Jameson*—Characteristics of Women, 1833.
- Ernest Jones*—The Œdipus Complex as Explanation of Hamlet's Mystery—American Journal of Psychology, January, 1910.

- Pierre Janet*—The Major Symptoms of Hysteria, 1907.
- H. Laehr*—Die Darstellung Krankhaften Geistes Zustände in Shakespeare's Dramen, 1898.
- M. Leigh-Noel*—Lady Macbeth. A Study, 1884.
- Pfeil*—Deutsche Revue, February, 1894.
- Morton Prince*—The Dissociation of a Personality, 1906.
- K. Rosen*—Shakespeare's Hamlet in Lichte der Neuropathologie, 1895.
- B. Sibing*—Schicksal und Willens—freiheit bei Shakespeare. Darglegt am Macbeth, 1906.
- D. J. Snider*—The Shakespearean Drama, 1887.
- W. Stekel*—Die Sprache des Traumes, 1911.
- A. Symons*—Studies in two Literatures, 1897.
- H. Ulrici*—Shakespeare's Dramatic Art, 1876.
- K. Werder* — Vorlesungen ueber — Shakespeare's Macbeth, 1885.
- H. Taine*—History of English Literature.
- F. Wittels*—Tragische Motive. Das Unbewusste von Held und Heldins, 1911.
- E. Wulffen*—Shakespeare's grosse Verbrecher—Richard III, Macbeth, Othello, 1911.



